

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FILE CALCULATION SHEET (FOR USE WITH FORM PTO-19)						SERIAL NO.	FILING DATE				
						10/501461					
						APPLICANT(S)					
						CLAIMS					
						IND.	DEP.	IND.	DEP.	IND.	DEP.
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
INB.	BBP.	INB.	DEP.	INB.	BBP.						
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
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36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL TAB.	2					TOTAL INB.					
TOTAL DEP.	5					TOTAL DEP.					
TOTAL CLAIMS	7					TOTAL CLAIMS					